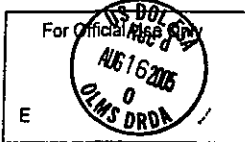


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 8890	2 Fiscal Year Covered From JAN / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name ALAN D LIMERICK P O Box Bldg Room No if any Street 64989 JYCAMORE RD City NORTH LIBERTY State IN ZIP Code + 4 46554	4 Name file number and address of labor organization Name CARPENTERS LOCAL 413 Labor Organization File Number 012613 P O Box Building and Room Number if any Street 315 N LAFAYETTE City SOUTH BEND, State IN ZIP Code + 4
5 Position in labor organization TRUSTEE	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box, Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)	
Signed Alan D. Limerick	On August 8, 2004 574-267-5264 Date Telephone Number

Name of Person Filing ALAN D LIMERICK	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name IRCC JATF</p> <p>Trade Name if any CARDENTER & MILLWRIGHT APPRENTICESHIP & TRNG Program</p> <p>P O Box Bldg Room No if any</p> <p>Street 6125 EAST 38TH STREET</p> <p>City INDIANAPOLIS</p> <p>State IN ZIP Code + 4 46226-5603</p>	<p>9 Business deals with</p> <p><input checked="" type="radio"/> a Labor Organization</p> <p><input type="radio"/> b Trust</p> <p><input type="radio"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>PROVIDES TRAINING</p>
	<p>11 b Approximate dollar value of such dealing VARIES</p>
	<p>12 a Nature of interest held or income received</p> <p>COMPENSATION OF WAGES, BENEFITS & REIMBURSEMENT OF EXPENSES AS TRAINING DIRECTOR</p>
	<p>12 b Amount \$84,712.11</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>